

**Ministry of Children  
and Youth Services**

Minister's Office

56 Wellesley Street West  
14th Floor  
Toronto ON M5S 2S3  
Tel.: (416) 212-7432  
Fax: (416) 212-7431

**Ministère des Services  
à l'enfance et à la jeunesse**

Bureau de la ministre

56, rue Wellesley Ouest  
14<sup>e</sup> étage  
Toronto (Ontario) M5S 2S3  
Tél. : 416 212-7432  
Télééc. : 416 212-7431



OCT 07 2005

Ms. Leah Casselman  
President  
Ontario Public Service Employees Union  
100 Lesmill Road  
Toronto, Ontario  
M3B 3P8

Dear Ms. Casselman:

Thank you for your letter concerning children's mental health and the enclosed brief entitled "Kids Matter."

I appreciate your kind words of congratulation.

The mental health of Ontario's children and youth is a key priority of this government and my ministry, and we are committed to developing a provincial child and youth mental health policy framework. Your timely contribution on the subject has been forwarded to appropriate ministry staff.

As a first step in the development process, we have distributed a background document through the ministry's regional offices and provincial associations and are eliciting preliminary input from the community. I have enclosed a copy of the background document for your interest. We welcome your feedback.

If you or your staff have any questions about the document, you can contact Kate Andrew, Director of my ministry's Children and Youth at Risk Branch, at (416) 326-2080. Ms. Andrew will be pleased to discuss the child and youth mental health policy framework further.

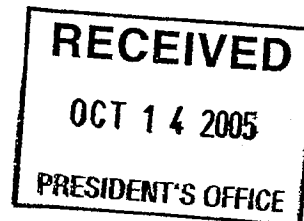
Once again, thank you for the time you have taken to write.

Sincerely,

A handwritten signature in cursive script, appearing to read "Mary Anne Chambers".

Mary Anne Chambers  
Minister

Enclosure



c: Ms. Kate Andrew, Director, Children and Youth at Risk Branch



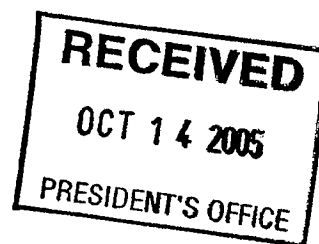
# **Child and Youth Mental Health Policy Framework**

## **Background Document**

August 2005

*Ministry of Children and Youth Services*

Disponible en français



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## Table of Contents

Purpose of this paper

Community Input and Discussion Process

Introduction

A Child and Youth Mental Health Policy Framework for Ontario

Proposed Principles

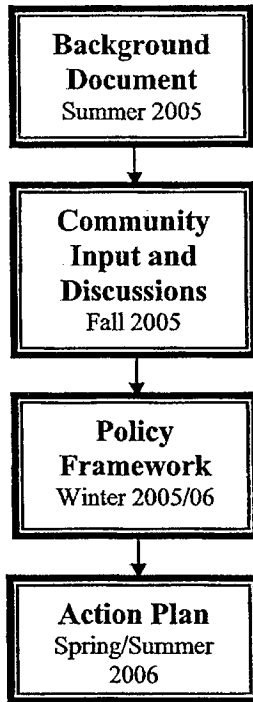
Range of Child and Youth Mental Health Responses

Jurisdictional Summaries

Questions to Guide Ontario's Policy Framework

### Appendices

- A. List of Stakeholders
- B. Overview of Mental Health Policy Continuum and Related MCYS Initiatives
- C. Alberta
- D. British Columbia
- E. Nova Scotia
- F. United Kingdom



## Purpose of this paper

The purpose of this document is to set out the context for community input and for discussions that will take place in the Fall of 2005 on the child and youth mental health policy framework. This document:

- presents summaries of frameworks from other jurisdictions which have recently adopted children and youth mental health policy frameworks (Alberta, British Columbia, Nova Scotia and United Kingdom);
- presents a summary of the discussions held at the Children's Mental Health Ontario (CMHO) Summit 2004; and
- identifies some questions that will assist in identifying elements of a policy framework on child and youth mental health issues and that will stimulate discussion for the development of an Ontario child and youth mental health policy framework.

## Community Input and Discussion Process

MCYS will seek the views of youth, families, service providers, clinical and professional practitioners, voluntary organizations and other interested parties regarding its vision, beliefs, principles and policy goals for the child and youth mental health services sector in Ontario. (See Appendix A for list of stakeholders.)

MCYS invites written responses to this background document or on the content of a policy framework prior to November 1<sup>st</sup>, 2005, to the following address:

By mail to: Children and Youth at Risk Branch  
Ministry of Children and Youth Services  
800 Bay Street, 6<sup>th</sup> floor  
Toronto, Ontario M5S 3A9

By email to: [cymh@mcys.gov.on.ca](mailto:cymh@mcys.gov.on.ca)

In Fall 2005, MCYS in collaboration with Children's Mental Health Ontario (CMHO) will invite selected service providers, community organizations, families and youth representing a range of interests to attend focused discussion groups.

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## Introduction

The formation of the Ministry of Children and Youth Services (MCYS) in October 2003 provides opportunities to develop a more integrated approach to support programs and services for children and youth. MCYS is responsible for supporting healthy growth and development of children and youth as well as providing provincial leadership on child and youth issues across government and the province.

This new Ministry, although in its infancy, is supported by a history of relationships with the mental health sector. Over the past fifteen years or so, numerous documents and initiatives have focused on ideas, issues and future activities relevant to the mental health of children and youth. Information emerging from this work addressed the need for change at a public policy, program development and service delivery level. Several key themes emerged; including: creating a cohesive, integrated system of services; simplified access; local planning; addressing the conditions that place children at risk of poor life quality and opportunity; equitable distribution of resources; and the notion of accountability and better information about the relationships between needs, services and impact.

Much has been learned and much has changed as a result of this earlier work. At the same time many of these themes remain relevant today and merit continued attention. They will need to be taken into account together with the current environment and more recent initiatives as the Ministry for Children and Youth's policy framework for child and youth mental health is discussed and developed.

The Best Start Plan, launched November 2004, is a comprehensive, evidence-based early learning and care strategy designed to help give Ontario's children the best possible start in life and help them achieve success in school. Best Start involves a major expansion of quality and affordable child care and investments in children's healthy early development – in a convenient and easily accessible location for parents. Across Ontario, community partners – school boards, public health units, child care and children's services providers and municipalities – are working with the province to develop and implement plans that will achieve the Best Start vision in ways that make sense to their local communities. The July 2005 announcement focused on the expansion of the child care component of the Best Start Plan. In implementing the Best Start Plan, communities will also be planning for the creation of neighbourhood early learning and care hubs, a key strategy in the Best Start Plan. These hubs will provide integrated services and supports for families with young children and will include core early learning and care programs (e.g., public health services and well-baby visits, immunization, parenting programs, quality child care, pre-school programs, nutrition programs, and other school health programs) with direct links to other children's specialized supports and services, such as mental health services and developmental services. The Best Start Plan is a program designed to provide Ontario's children with the best possible start in life and help them achieve success in school.

In Ontario, child and youth mental health services are provided primarily to children and youth from 0 to 18 years of age under the authority of the *Child and Family Services Act* (CFSA). These services to children and youth are not mandatory under the CFSA, but are provided to the level of

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available resources. MCYS currently budgets \$461.6 million in annual funding for child and youth mental health services.

MCYS funds over 260 agencies to provide child and youth mental health services, including about 82 dedicated children's mental health centres. MCYS also directly operates two child and youth mental health facilities, the Thistleton Regional Centre in Etobicoke and the Child and Parent Resource Institute in London, and provides funding for staffing in the child and adolescent units at the Whitby Mental Health Centre and St. Joseph's Hospital in London. In addition, mental health services are provided through youth justice centres and services, and a range of more generic prevention programs and residential services such as early years, child welfare and complex special needs programs.

The range of services includes: prevention; parent education and training; early detection and intervention services; counseling and support services; clinical assessment and treatment; respite; out of home residential placements and treatment; and day treatment. These services address a broad range of mental health concerns, including: anxiety disorder, conduct disorder, attention -- deficit / hyperactivity disorder, depressive disorder, substance abuse, pervasive developmental disorder, obsessive - compulsive disorder, schizophrenia, tourette's disorder, any eating disorder and bipolar disorder.

In addition to the Ministry of Children and Youth Services, the Ministries of Education and Health and Long Term Care provide funding and play a critical role in services for children and youth with mental health issues.

The Ministry of Education provides funding for school psychologists, school supports and teachers in Section 20 classrooms. The education system plays a critical role in providing children and youth with mental health issues the education they need to succeed and make a successful transition into adulthood.

The Ministry of Health and Long Term Care provides funding for inpatient mental health services, as well as funding for addictions, eating disorder and early intervention in psychosis programs. In addition the overlapping mandates between adult mental health and child and youth mental health in a variety of respects is of critical importance to both ministries -- including the impacts of parental mental health and well-being on children and youth; Aboriginal health; supports and services for transitional age youth and early intervention initiatives.

In addition, the new Ministry of Health Promotion and the Ministries of Municipal Affairs and Housing (supportive housing), the Attorney General (prosecution of youths with mental health issues) and Community Safety and Correctional Services (policing of youth with mental health issues) have an interest in the impact of child and youth mental health issues. The impacts of children and youth mental health are felt across many different provincial government ministry mandates.

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Families, children and youth, stakeholders, professionals and front line staff have cited various concerns about the availability of services and the capacity of the system to provide services for many reasons. These concerns include:

- Children and youth are experiencing more severe mental health problems than in the past;
- Children and youth experience long wait times for services;
- Services are not always available when and where they are needed;
- Services are not well coordinated and integrated with other services;
- Services are not always serving children and youth with the most serious needs;
- Service interventions are not always based on evidence-based practices;
- The effectiveness of some services is difficult to determine; and
- There is high turnover among agency staff in this sector.

As a result of discussions with stakeholders and the Minister's Roundtable discussions in 2004, MCYS identified a number of key foundation pieces that will contribute to an integrated child and youth mental health system. One key foundation piece identified was the development of a policy framework that will provide a long-term provincial strategy that cuts across program boundaries and mandates within government ministries and in communities to create an integrated vision to enhance the well-being of children and youth with mental health concerns. Other key foundation pieces included:

- Confirmation of the range of current core services through an inventory of services (undertaken by the Centre of Excellence for Children and Youth Mental Health at the Children's Hospital of Eastern Ontario);
- Collection of effective and reliable data, including the development of a common set of definitions across the service system and further reinforce the consistent use of current assessment tools at the local level; and
- Development of meaningful outcome measures informed by data collection.

A number of provincial and federal initiatives underway will affect child and youth mental health services. Some projects, funded by the Centre of Excellence for Child and Youth Mental Health at the Children's Hospital of Eastern Ontario, are designed to enhance the use and availability of evidence-based practices; Children's Mental Health Ontario (CMHO) is engaged in work around knowledge transfer of evidence-based practices; and the federal government is currently engaged in a policy initiative with respect to a national policy framework for mental health as described in the preliminary report on Mental Health, Mental Illness and Addictions by the Standing Senate Committee on Social Affairs, Science and Technology (chaired by Senator Michael Kirby). (See Appendix B for current initiatives in Ontario that affect child and youth mental health services.)

Ontario has had a framework to provide services for children and people with a developmental disability (*Making Services Work For People*), an operational framework for the delivery of mental health services and supports for adults (*Making it Happen*) and regionally developed children's service delivery frameworks (e.g., *An Ideal Model for Children's Mental Health Services in South West Region*) for some time. While these documents are valuable in terms of guiding service

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delivery, they do not provide a comprehensive policy framework for providing child and youth mental health services in the province.

It is apparent to the Ministry - and to many in the sector who have been seeking such a framework and have assisted in previous discussions on this issue - that a provincial policy framework for child and youth mental health is needed. A framework would serve as a foundation for a service system built on service standards and measured by meaningful outcome measures. Above all a policy framework and service system must be designed to meet the needs of children and youth with, or at risk of developing, mental health problems and their families.

A child and youth mental health policy framework will support the Ministry's vision:

*An Ontario where children and youth have the best opportunity to succeed and reach their full potential.*

and also the mission:

*To work with other ministries and community partners to develop and implement policies, programs and a service system that gives children the best possible start in life; prepares youth to become productive adults; and makes it easier for families to access the services they need at all levels of a child's development*

(See Appendix B for related initiatives.)

## **A Child and Youth Mental Health Policy Framework for Ontario**

The Ministry is committed to developing a provincial Child and Youth Mental Health Policy Framework to guide improvements of the current service system within existing resources and set the course for any future service enhancements within the sector. A provincial policy framework will:

- identify a definition, vision, principles and core functions for a child and youth mental health system in Ontario;
- define a system of services that focuses on the needs of children and youth with mental health needs and their families;
- be a foundation for developing evidence-based standards and guidelines;
- guide future decision-making about funding and service priorities within existing resources; and
- define a system within limited resources that is flexible, able to expand and be sustainable in the future.

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A policy framework will not design services or set standards. A further stage, anticipated in early 2006, will be the development of an implementation or action plan to put the policy framework vision and principles into effect.

## **Proposed Principles**

- Child and youth mental health services respond to the mental health needs of children from 0 to 18 years of age and should facilitate a smooth transition into adulthood.
- Children and youth have unique needs that are different from adults.
- Services are provided to children and youth regardless of their gender, race, religion, ability, family structure, culture, legal status, language, spirituality or sexuality.
- A child and youth mental health system that uses the least intrusive options that are appropriate to the mental health needs of the child or youth.
- Services are child and youth focused and supportive of active family involvement.
- Services build on child, youth and family strengths.
- Services recognize the strength and importance of resilient and safe families.
- Children and youth, their families, communities, schools and governments all have a role to play and in achieving optimal mental health for children and youth.
- Children, youth and their families have input into services they receive and decisions that affect their lives.
- Services must be affordable and sustainable for the future.
- Service system that is fair, equitable and transparent, providing equal treatment for equal circumstances.
- Services build on the strengths of the current system of services and build based on internationally recognized best practices
- The policy framework will be provincial and will recognize the value and importance of regional and community implementation to be responsive to local conditions.
- A child and youth mental health system will balance the need to be responsive to those with greatest need with a longer term commitment to invest in prevention and identification of those at risk.

## Range of Child and Youth Mental Health Responses

At the core of the Ministry's vision is the objective to support the healthy development of children and youth. This includes not only providing services and supports when a problem arises, but resources devoted to prevention and early detection of mental health problems. Early assessment and intervention may prevent serious impairment in adulthood and life-long suffering caused by mental illness. While still providing services that address the immediate and critical needs of children and youth, the Ministry will also focus on improving access to resources and services that promote prevention initiatives and overall health and well-being.



## Jurisdictional Summaries

The following briefly describes policy frameworks from four other jurisdictions. (See appendices for further details). All frameworks, plans, and strategies were put in place after extensive consultation within each jurisdiction and focus on a wide range of mental health related services and multi-discipline and multi-sectoral teams.

In addition, we have included a summary of feedback from the Children's Mental Health Ontario (CMHO) Summit 2004.

This information is intended to provide an overview of significant work that has been done by others in developing child and youth mental health policies.

### **(1) Alberta - *Advancing the Mental Health Agenda: A Provincial Mental Health Plan for Alberta***

The framework to optimize the mental health of all Albertans is comprised of a guiding vision, belief and principles, goals, a conceptual model, intended outcomes and strategic elements. The three strategic directions flow from a conceptual model that individuals, families and communities will benefit from approaches, programs and services that:

- (a) build capacity to enhance/increase factors that promote mental health and well-being;
- (b) reduce risks to well-being and mental health; and
- (c) provide support and treatment.

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The framework serves as the foundation for strategic planning, investment priorities, business and implementation planning. The plan links with and complements the earlier child and youth mental health framework and other children and youth initiative activities. Interrelated activities collectively support the strategic directions: health promotion; prevention; early identification; crisis intervention and stabilization; treatment interventions (basic and specialized services); community and collaboration supports.

**(2) British Columbia - *Children and Youth Mental Health Plan for British Columbia***

B.C.'s approach is composed of the following four key components:

- (a) provide support and treatment;
- (b) reduce risk;
- (c) build capacity; and
- (d) improve performance.

By intervening in these areas, B.C. focuses specialized children's mental health clinical services for those mentally ill children most in need, identifies those children at risk and intervenes early to prevent or mitigate problems; works with families and communities to build capacity to support the healthy development of children and families; and implements infrastructure supports that improve performance and make the plan work.

**(3) Nova Scotia - *Strategic Directions for Nova Scotia's Mental Health System***

In April 2004, Nova Scotia published "Strategic Directions for Nova Scotia's Mental Health System". The document provides guidance for service delivery and reduces variation across the province, while maintaining the flexibility to adapt approaches to unique district, community and organization conditions.

Key policy objectives found within the document fall under the following categories: system alignment; service delivery; monitoring and evaluation; health human resources; governance and funding; participation; and promotion, prevention and advocacy. These key objectives flow from five core values highlighted in the strategic direction that promote:

- (1) client and community centredness;
- (2) equitable access;
- (3) evidence-based best practices;
- (4) an integrated, systems approach; and
- (5) consumer and community involvement.

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(4) **United Kingdom - *National Framework for Children, Young People and Maternity Services - Standard 9: The Mental Health and Psychological Well-being of Children and Young People***

The framework for all children and youth services developed in the U.K. establishes eleven standards for promoting the health and well-being of children, young people and pregnant women, and for providing high quality services which meet their needs. Standard 9 addresses the mental health needs of children and young people and needs to be read in conjunction with other standards that promote interventions for children, young people and their families.

Standard 9 highlights the need to improve mental health services at all levels, from universal services that promote mental health and intervention to highly specialized services. A four-tier framework creates a common language for describing and commissioning services:

- Tier 1: Primary level of care
- Tier 2: Network of professional services
- Tier 3: Specialized services
- Tier 4: Essential level of services / highly specialized

Services and people do not fit neatly into the tiers nor does the child or young person move up through the tiers as her or his condition becomes more complex. Children and young people may require services from a number of or all the tiers at the same time. Specialist services (Tier 4) may be offered in a range of settings according to need and availability, in partnership with other agencies, in the community, at out- or in-patient or day units or in the family home.

(5) **CMHO Summit 2004**

In 2004, Children's Mental Health Ontario (CMHO) held a summit to launch the process of developing a children and youth mental health policy framework. Participants from various parts of the child and youth services sector (education, CASs, youth justice, treatment agencies) discussed objectives, principles, issues, options, and action steps for improving both policy and services relating to children's mental health in Ontario. A major theme at this summit was the need to develop a policy framework for child and youth mental health services. The following policy objectives and values are the results of the summit:

Policy objectives:

- Promote healthy social and emotional development of children and youth
- Increase awareness and understanding of mental health problems that affect children and youth

- 
- Identify mental health problems as soon as they appear
  - Ensure fast access to appropriate and effective mental health treatment and support services for children, youth and their families
  - Integrate mental health services with other public services that are provided to children, youth and families
  - Identify desired outcomes, measure results and support the use of evidence-based practices

Core values:

- Services are responsive to the needs of children and youth -- the right services at the right time, coordinated across systems
- Children and youth receive services in the context of family, culture, community, school, etc. to the greatest extent possible
- Parents and families are involved in decision-making and supported in service delivery to the greatest extent possible
- Service providers are accountable for outcomes (or results)

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## Questions to Guide Ontario's Policy Framework

The following questions are designed to promote discussion of the key elements of a child and youth mental health policy framework for Ontario.

1. Do we need to state a vision for a child and youth mental health policy framework beyond the Ministry's mission of....

*a service system that gives children the best possible start in life; prepares youth to become productive adults; and makes it easier for families to access the services they need at all levels of a child's development?*

If so what are the critical elements of a mental health policy vision?

2. Do the key principles outlined in this document provide the right balance and detail to guide a policy framework for child and youth mental health in Ontario?
3. Which services are core to a provincial policy framework for child and youth mental health?
4. Should the core services envision a system that provides a broad range of services that focus on the health and well being of children, youth and their families or does it focus on the most in need of mental health services?
5. How do we build in accountability and an outcomes focus into the policy framework?

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## Appendices

Appendix A: List of Stakeholders

Appendix B: Overview of Mental Health Policy Continuum and Related MCYS Initiatives

Appendix C: Alberta: *Advancing the Mental Health Agenda: A Provincial Mental Health Plan for Alberta* (April 2004)

Appendix D: British Columbia: *Child and Youth Mental Health Plan* (Revised July 2004)

Appendix E: Nova Scotia: *Strategic Directions for Nova Scotia's Mental Health System*

Appendix F: United Kingdom: *National Service Framework for Children, Youth People and Maternity Services* (October 2004): *Standard 9*

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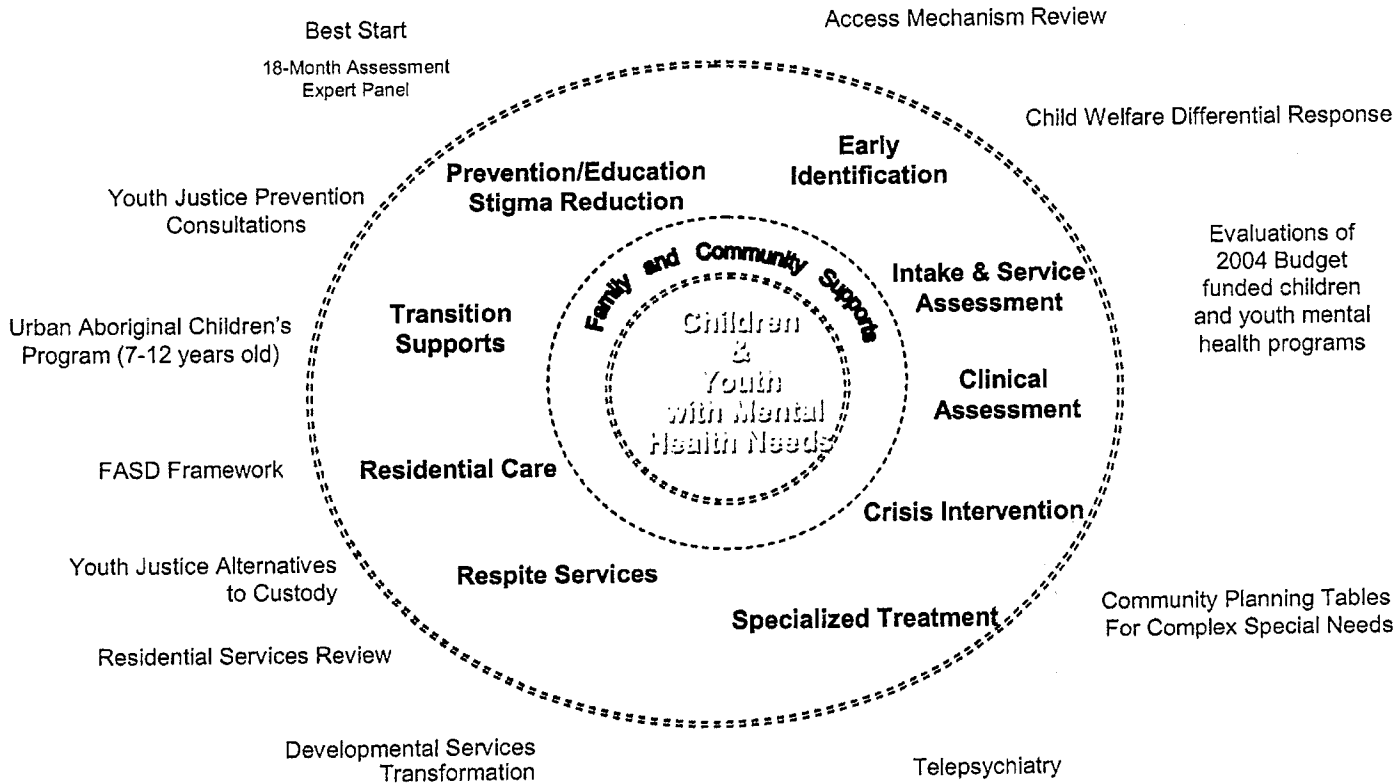
## **Appendix A: List of Stakeholders**

MCYS's partners in providing child and youth mental health services are varied, including:

- Child and youth mental health service providers (some of whom play only a small service provision role):
  - Parents and families
  - Public health system: nurses & other workers
  - Early childhood system: Child care, Best Start, Healthy Babies/Healthy Families, etc.
  - Education system: Teachers and school-based clinicians
  - Medical system:
    - Family physicians and paediatricians
    - Psychiatrists/psychologists – private
    - Hospital-based health professionals
  - Therapists/counsellors – private
  - EAP services
  - Community-based systems: multi-disciplinary
    - Children's Mental Health Centres
    - Children's Aid Societies
    - Per diem residences – mostly for-profit
    - Community Health Centres
    - Children's Treatment Centres
    - Developmental agencies
    - Family service associations/ Shelters & Violence Against Women programs
    - Aboriginal and Ethno-specific (e.g. settlement) agencies
  - Youth justice system
  - Recreation programs (YMCA, Boys & Girls' Clubs, etc.)
  - Kids Help Phone, Crisis Lines
  
- Provincial child and youth mental health and related associations and organizations, including:
  - Aboriginal Health and Wellness Strategy Joint Management Committee
  - Association of Native Child and Family Services Agencies of Ontario (ANCFSAO)
  - Association of Local Public Health Association
  - Autism Society Ontario
  - Canadian Mental Health Association – Ontario
  - Centre for Addiction and Mental Health (CAMH)
  - Children's Mental Health Ontario (CMHO)
  - Children's Mental Health Outpatient Programs Group
  - Community Health Systems Resource Group (HSC)

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- Community Living Ontario
  - Federal government – Community Action Program for Children
  - Foster Care Operators Association of Ontario (FCOAO)
  - Foster Parents Society of Ontario (FPSO)
  - Global Economic and Business Roundtable on Addiction and Mental Health
  - Ontario Association of Child and Youth Counsellors (OACYC)
  - Ontario Agencies Supporting Individuals with Special Needs (OASIS)
  - Ontario Association of Children’s Aid Societies (OACAS)
  - Ontario Association of Children’s Rehabilitation Services (OACRS)
  - Ontario Association of Residences Treating Youth (OARTY)
  - Ontario Federation of Indian Friendship Centres (OFIFC)
  - Ontario Municipal Social Services Association (OMMSA)
  - Ontario Psychological Association
  - Parents for Children’s Mental Health
  - Provincial Centre of Excellence for Child and Youth Mental Health
  - Youth Justice Ontario

Appendix B





## Appendix C: Alberta

### *Advancing the Mental Health Agenda: A Provincial Mental Health Plan for Alberta* (April 2004)

The complete document can be found at <http://www.amhb.ab.ca/publications/pdfs/MentalHealthPlan.pdf>

#### **Summary**

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*This report builds on the interim report entitled "Policy Framework: Mental Health for Alberta's Children and Youth" (July 2001). Though much of the April 2004 plan refers to mental health in general (adults as well as children and youth), many of the report's key components are applicable to children and youth.*

#### **Vision**

- Clients and their families come first
- Albertans will have access to the mental health services they need
- An appropriate balance between providing treatment and taking action to prevent mental illness
- Mental health services will be integrated and coordinated
- Albertans will have access to leading edge mental health services
- Responsibilities and accountability for outcomes will be clear
- Funding for mental health services will be adequate, equitable and fair
- Adequate supply of well-trained people working in mental health
- Strong commitment to research
- Effective partnerships
- Albertans will understand and support the importance of positive mental health

#### **Key Issues**

1. **Service capacity and gaps** – limited availability and range of mental health services
2. **Consumer and provider expectations** – an increased demand for mental health services and a perception that those services have not kept pace with the growing need
3. **Stigmatization and inequity** – stigma associated with mental illness creates access barriers
4. **Funding** – funding for mental health services is viewed as inadequate
5. **Integrated service delivery** – fully integrate mental health services into the health care system at the regional, inter-regional and provincial levels
6. **Decentralized, multi-provider service environment** – a system whereby regional health authorities, government ministries, federal government departments, private and non-profit agencies are involved in service delivery
7. **Determinants of health** – policy should address the broad range of mental health determinants in a coordinated and consistent way
8. **Ethnic and cultural diversity** – programs need to reflect unique history, needs and circumstances of ethnically and culturally diverse populations
9. **Geographically dispersed population** – service delivery should address issues related to isolation and access

10. **Critical mass for specialized services** – facilitate the development of selected specialized provincial and inter-regional services that can be accessed by all health regions
11. **Research** – address current gaps in mental health research and in applying the outcomes of research in community settings

***Policy Framework Model***

1. Build capacity to enhance/increase factors that promote mental health and well-being
2. Reduce risks to well being and mental health
3. Provide support and treatment

***Key Priorities and Actions***

|   | <b>General</b><br>(applies to broad population)   | <b>Population Specific</b><br>(only those related to children are noted here but not all are specifically for children)  |
|---|---|--|
| <p><b>1. Support and treatment</b></p> <p>Provide assessment, treatment, rehabilitation and community support for individuals and families</p>  | <ul style="list-style-type: none"> <li>▪ Crisis services</li> <li>▪ Care/case coordination</li> <li>▪ Shared care</li> <li>▪ Planning and follow-up</li> <li>▪ Concurrent diagnosis/co-morbidity</li> <li>▪ Substance abuse and addictions</li> <li>▪ Forensic services</li> <li>▪ Tele-mental health services</li> <li>▪ Brain injury</li> </ul>                       | <ul style="list-style-type: none"> <li>▪ Assessment and treatment services for children and youth initiatives that have implications for child and youth mental health services</li> <li>▪ Services for children in care</li> <li>▪ Treatment and support for vulnerable populations</li> <li>▪ Programs for homeless people</li> <li>▪ Access to culturally sensitive Aboriginal mental health programming</li> </ul> |
| <p><b>2. Risk reduction</b></p> <p>Reducing the risk of mental illness and optimizing mental health by decreasing factors that negatively affect well-being including physical illness, poverty, abuse or chronic neglect, violence, addictions, trauma, or harsh social conditions</p> | <ul style="list-style-type: none"> <li>▪ Prevention, promotion and public awareness</li> <li>▪ Suicide prevention</li> <li>▪ Affordable housing</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Children and youth – early intervention, prevention and education</li> </ul>  |
| <p><b>3. Capacity building</b></p> <p>Identifying, maintaining and strengthening factors that promote mental health and well-being across government, in communities, and with individuals and their families</p>   | <ul style="list-style-type: none"> <li>▪ Safe and supportive housing</li> <li>▪ Funded homes</li> <li>▪ Community capacity building and inclusion</li> <li>▪ Individual family and community supports</li> <li>▪ Income supports and supportive employment</li> <li>▪ Consumer support groups</li> <li>▪ Ethnic groups</li> <li>▪ Developmental disabilities</li> </ul> | <ul style="list-style-type: none"> <li>▪ Youth in transition</li> <li>▪ Aboriginal community-based strategies</li> <li>▪ Aboriginal mental health service providers</li> </ul>   |

## Policy Framework: Mental Health for Alberta's Children and Youth (July 2001)

### Summary

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**Objective** – Outline a provincial policy framework to optimize the mental health of Alberta's children and youth. It will serve as the foundation for strategic planning, investment priorities, and business implementation planning. The Plan contains:

- guiding vision
- belief and principles
- goals
- conceptual model
- intended outcomes
- strategic elements

|  |
|--|
| <b>Vision</b> – Alberta's children and youth will have optimal mental health |
|--|

### ***Policy Framework Model***

1. Build capacity to enhance/increase factors that promote mental health and well-being
2. Reduce risks to well being and mental health
3. Provide support and treatment

### ***Key Components and Expected Outcomes of the Plan (3)***

#### ***1. Building Capacity to Foster Optimal Mental Health***

- Increase abilities of individuals, families, communities and governments to recognize and contribute to the mental health of children and youth
- Increase responsiveness of infrastructure to meet the needs of children, youth and families
- Increase knowledge regarding the determinants of health and their role in influencing mental health
- Increase capacity of partners and stakeholders to collaborate effectively
- Increase awareness of factors that build and sustain mental wellness among service providers

#### ***2. Reducing Risks to Optimal Mental Health***

- Increase prevention and early intervention strategies for children, youth, and families
- Decrease the risk factors that contribute to mental health problems in children, youth, etc.
- Increase the knowledge and ability of individuals associated with children and youth to identify and link those at risk to the appropriate resources
- Increase awareness surrounding warning signs and escalation of crisis and the importance of timely intervention

#### ***3. Providing Support and Treatment for Children, Youth and their Families***

- Increase the early identification and connection to appropriate resources

- Increase awareness of and access to basic services so children, youth and families can obtain services within or close to their community
- Ensure specialized services are available in strategic locations across the province
- Enhance the range and accessibility of community supports and services for children and youth and their caregivers

## **Appendix D: British Columbia**

### ***Child and Youth Mental Health Plan*** (Revised July 2004)

The complete B.C. health plan can be found at  
[http://www.mcf.gov.bc.ca/mental\\_health/mh\\_publications/cymh\\_plan.pdf](http://www.mcf.gov.bc.ca/mental_health/mh_publications/cymh_plan.pdf)

#### **Summary**

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**Objective** - The main objective of the Plan is to coordinate services so the mental health needs of children are met through the implementation of new approaches and additional resources. The Plan contains:

- policy framework
- service delivery challenges
- implementation plan
- accountability framework
- foundation for investment opportunities and business planning priorities

|   |
|---|
| <b>Vision</b> - Mentally healthy children and responsible families living in safe, caring and inclusive communities |
|---|

#### ***Policy Framework***

- Early recognition based on timely and effective evidence-based practise
- Programs that reduce risk and prevent and mitigate the effects of mental illness
- Build community, children and family capacity to prevent and/or overcome the harmful impact of mental illness in children
- Better systems that coordinate services, monitor outcomes, and ensure public accountability

#### ***Key Components of the Plan***

##### ***1. Timely and effective treatment and support***

- Provide a basic level and range of core services in every region including, but not limited to; consultation, community-based assessment, counselling, and therapy services, home-based and outreach services, family development services, day treatment, crisis intervention and stabilization, residential services, and acute care
- Work in conjunction with other service sectors to address complex mental health needs
- Improve collaboration with GPs and family physicians
- Improve coordination of the transfer from the child to the adult mental health system, and between community and hospital through the development and implementation of formal protocols and the establishment of more effective communication links
- Improve access to psychiatric acute care
- Maintain effective interventions supported by evidence-based research

- Institute appropriate clinical supervision mechanisms, including supervisors that have expertise in both clinical practice and community support services
  - Maximize efficiency and effectiveness by standardizing practices across the province
2. Risk reduction strategies
- Provide information and increase awareness of mental health issues within the community so people can better understand, identify and respond to children with mental illnesses
  - Coordinate efforts to enhance protective factors, reduce risk, and intervene early
3. Capacity building
- Provide information and increase awareness of mental health issues within the community
  - Partner with a broad range of child and family supporting organizations traditionally found outside of the formal mental health system (for example; early childhood development, child welfare, youth justice)
  - Involve families and children at all levels of service planning/delivery
  - Support Aboriginal mental health
4. Improving performance through accountability and outcome monitoring
- Create a formal structure that will enable coordinated planning and service delivery across ministries and sectors; provincially, regionally, and locally
  - Develop and implement an IT plan that will facilitate program planning, service coordination, research, collaborative networks and education
  - Develop an evaluation plan in collaboration with children's mental health researchers

## Appendix E: Nova Scotia

### *Strategic Directions for Nova Scotia's Mental Health System\**

(Updated April 2004)

The complete plan can be found at <http://www.gov.ns.ca/health/mhs/pubs/StrategicDirectionsRevised.pdf>  
and [http://www.gov.ns.ca/health/mhs/pubs/standards\\_2004.pdf](http://www.gov.ns.ca/health/mhs/pubs/standards_2004.pdf)

#### Summary

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**Objective\*\*** – provide guidance for quality service delivery and reduce variations across the province, while maintaining flexibility to adapt approaches to unique district, community and organization conditions.

**Mental Health Vision** – Consumers and communities can attain their optimal level of mental health. Programs and services will run the gamut from mental health promotion to acute care. They will be unified, coordinated, flexible, offered on a district basis and geared to the needs and desires of the consumer.

#### *Mental Health Core Values*

- Client and community centredness
- Equitable access
- Evidence-based best practises
- An integrated, systems approach
- Consumer and community involvement

#### *Key Policy Objectives for the Mental Health System in Nova Scotia*

##### 1. System Alignment

- Shared vision among stakeholders, consumers and families
- Strategic directions are formulated and implemented in alignment with the business planning cycles of government
- Ensure the mental health legislation supports the mental health vision

##### 2. Service Delivery

- Ensure accessibility of core programs to all Nova Scotians
- Routes into mental health services are coordinated and accommodate both urban and rural populations
- Standards for all mental health services are regularly reviewed and updated and implemented across Nova Scotia

7. Children and young people in hospital
  - Children and young people receive high quality, evidence-based hospital care, developed through clinical governance and delivered in appropriate settings
8. Disabled children and young people and those with complex health needs
  - These children receive coordinated, high quality and family services based upon their assessed needs, which promote social inclusion
9. The mental health and psychological well-being of children and young people
  - Children have access to timely, integrated, high quality multi-disciplinary services to ensure effective assessment and treatment for their mental health problems
10. Medicines for children and young people
  - Children, young people, their parents, and health care professionals make decisions about medicines based upon sound information about risk and benefit

### Part Three

11. Maternity Services
  - Women have easy access to supportive, high quality maternity services, designed around their individual needs and those of their babies

(Note: Multiple service standards may apply to an individual's situation at any one time.)

## **Standard 9:**

### **The mental health and psychological well-being of children and young people**

#### Summary

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**Objective:** To outline the framework to meet the standard on child and adolescent mental health in the National Service Framework for Children, Young People and Maternity Services.

#### **Vision:**

- An improvement in the mental health of all children and young people.
- That multi-service agencies, working in partnership, promote the mental health of all children and young people, provide early intervention and also meet the needs of children and young people with established or complex problems.
- That all children, young people and their families have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies.

**The Standard:** *All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support for them and their families.*

**THE CHILD AND ADOLESCENT MENTAL HEALTH FRAMEWORK**

| <b>Tier</b>   | <b>Professionals Providing Service Include</b>   | <b>Function/ Service</b>   |
|---|--|--|
| <b>Tier 1</b><br>A primary level of care  | <ul style="list-style-type: none"> <li>• GPs</li> <li>• Health visitors</li> <li>• School nurses</li> <li>• Social workers</li> <li>• Teachers</li> <li>• Juvenile Justice workers</li> <li>• Voluntary agencies</li> <li>• Social services</li> </ul> | <ul style="list-style-type: none"> <li>• Identification of mental health problems in their early development</li> <li>• Offering general advice</li> <li>• Pursuing opportunities for mental health promotion and prevention</li> </ul>                                    |
| <b>Tier 2</b><br>A level of service provided by uni-professional groups which relate to each other through a network rather than a team | <ul style="list-style-type: none"> <li>• Child psychologists</li> <li>• Paediatricians</li> <li>• Educational psychologist</li> <li>• Child and adolescent psychiatrists</li> <li>• Community nurses/nurse specialists</li> </ul>                      | <ul style="list-style-type: none"> <li>• Training and consultation to other professionals</li> <li>• Consultation to professionals and families</li> <li>• Outreach</li> <li>• Assessment</li> </ul>   |
| <b>Tier 3</b><br>A specialized service for more severe, complex or persistent disorders   | <ul style="list-style-type: none"> <li>• Child and adolescent psychiatrists</li> <li>• Child psychologist</li> <li>• Nurses (community or in-patient)</li> <li>• Child psychotherapists</li> </ul>   | <ul style="list-style-type: none"> <li>• Assessment and treatment</li> <li>• Assessment and referral to T4</li> <li>• Contributions to services, consultation and training at T1 and 2</li> </ul>  |
| <b>Tier 4</b><br>Essential level services such as day units, highly specialized out- and in-patient teams                               | <ul style="list-style-type: none"> <li>• Occupational therapists</li> <li>• Speech and language therapists</li> <li>• Art, music and drama therapists</li> </ul>   | <ul style="list-style-type: none"> <li>• Child and adolescent in-patient units</li> <li>• Secure forensic units</li> <li>• Eating disorder units</li> <li>• Specialist teams (e.g. for sexual abuse)</li> <li>• Specialist teams for neuro-psychiatric problems</li> </ul> |

(Note: An individual may be receiving services from more than one tier simultaneously.)

